

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595648

FILING DATE

20 MAY 2008

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		0		/		
23		0		/		
24		0		/		
25		0		/		
26	/		/			
27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		/		/		
32		/		/		
33		/		/		
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	9	↓	9	↓		↓
TOTAL DEP.	76	←	76	←		←
TOTAL CLAIMS	85		85			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63		/		/		
64	/		/			
65		/		/		
66		/		/		
67		0		/		
68	/		/			
69		/		/		
70		/		/		
71		0		/		
72	/		/			
73		/		/		
74		2		2		
75		2		2		
76		2		2		
77	/		/			
78		/		/		
79		/		/		
80	/		/			
81		/		/		
82		/		/		
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						